

City of Eau Claire, Wisconsin
Prime Contractor Affidavit of Compliance
With Prevailing Wage Rate Determination

Personally identifiable information may be used for secondary purposes.
(See Section 15.04(1)(m), Wisconsin Statutes for details.)

This form must **ONLY** be filed with the City of Eau Claire, Wisconsin.

State of _____)	
)SS	
County of _____)	

Project Name: _____

Project #: _____

Date of Subcontract: _____

After being duly sworn, the person whose name and signature appears below hereby states under penalty of perjury that:

- **I am** the duly authorized officer of the corporation, partnership, sold proprietorship or business indicated below and have recently completed all of the work required under the terms and conditions of a contract with the City of Eau Claire and make this affidavit in accordance with the requirements set forth in Chapter 2.92 of the Code of Ordinances of the City of Eau Claire entitled "City Procurement" in order to obtain FINAL PAYMENT from such awarding agency.
- **I have** fully complied with all of the wage and hour requirements applicable to this project.
- **I have** received the required affidavit of compliance from each of my agents and subcontractors that performed work on this project and have listed each of their names and addresses on page 2 of this affidavit.
- **I have** full and accurate records that clearly indicate the name and trade or occupation of every worker(s) that I employed on this project, including an accurate record of the hours worked and actual wages paid to such worker(s).
- **I will** retain the records and affidavit(s) described above and make them available for inspection for a period of at least three (3) years from the completion date indicated above at the address indicated below and shall not remove such records or affidavit(s) without prior notification to the awarding agency indicated above.

Name of Corporation, Partnership, Sole Proprietorship or Business	
Address (Include Street or P.O. Box, City, State and ZIP Code)	
PRINT Name of Authorized Officer	Date Signed
Signature of Authorized Officer	(_____) Telephone Number

The authority for the use of this form is prescribed in Chapter 2.92.215(9).

The use of this form is mandatory.

The penalty for failing to complete this form is prescribed in Chapter 2.92.215(11&12) of the Code of Ordinances of the City of Eau Claire.

List of Agents and Subcontractors

Name _____

Address _____

City, State, Zip Code _____

Telephone Number (____)_____

Name _____

Address _____

City, State, Zip Code _____

Telephone Number (____)_____

Name _____

Address _____

City, State, Zip Code _____

Telephone Number (____)_____

Name _____

Address _____

City, State, Zip Code _____

Telephone Number (____)_____

Name _____

Address _____

City, State, Zip Code _____

Telephone Number (____)_____

Name _____

Address _____

City, State, Zip Code _____

Telephone Number (____)_____

Name _____

Address _____

City, State, Zip Code _____

Telephone Number (____)_____

Name _____

Address _____

City, State, Zip Code _____

Telephone Number (____)_____

Name _____

Address _____

City, State, Zip Code _____

Telephone Number (____)_____

Name _____

Address _____

City, State, Zip Code _____

Telephone Number (____)_____

Name _____

Address _____

City, State, Zip Code _____

Telephone Number (____)_____

Name _____

Address _____

City, State, Zip Code _____

Telephone Number (____)_____